

CRITERIA FOR PRIOR AUTHORIZATION

Tafinlar® (dabrafenib)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Dabrafenib (Tafinlar)

CRITERIA FOR TAFINLAR SINGLE AGENT TREATMENT Must meet all of the following:

- Patient must have a diagnosis of unresectable or metastatic melanoma
- Patient must have a mutation of BRAF V600E
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months

CRITERIA FOR TAFINLAR COMBINATION TREATMENT Must meet all of the following:

- Patient must have a diagnosis of unresectable or metastatic melanoma
- Must be used in combination with trametinib
- Patient must have a mutation of BRAF V600E or V600K
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months